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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 09 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 07 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 126

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Hospital Association PAC D [®]D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 1339674.06 January 1 (b) Cash on Hand at 1692151.43 Begining of Reporting Period 187186.90 1187741.31 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1879338.33 2527415.37 6(a) and 6(c) for Column B) 786623.15 138546.11 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1740792.22 1740792.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 126

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 9 M

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^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Co	ontributions (other than loans) From:) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	71105.23	483001.22
	(ii) Unitemized	34182.59	218945.17
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	105287.82	701946.39
(b	,	0.00	0.00
(c (d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	105287.82	701946.39
	ransfers From Affiliated/Other arty Committees	81676.00	461286.00
3. Al	Il Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
to	Federal candidates and Other olitical Committees	0.00	22000.00
	ther Federal Receipts Dividends, Interest, etc.)	223.08	2508.92
	ransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c)) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	187186.90	1187741.31
	otal Federal Receipts ubtract Line 18(c) from Line 19)	187186.90	1187741.31

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/126

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	100.11	E004 40
Expenditures	196.11	5231.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	196.11	5231.46
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	138000.00	780491.69
4. Independent Expenditure		
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	350.00	900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	350.00	900.00
(add Lines 28(a), (b), and (c))	330.00	300.00
O. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Strate		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	138546.11	786623.15
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	138546.11	786623.15

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	105287.82	701946.39
34.	Total Contribution Refunds (from Line 28(d))	350.00	900.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	104937.82	701046.39
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	196.11	5231.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	196.11	5231.46

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 126 (check only one) 11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 0 2 2 0 0 9 Transaction ID: 17511195 Amount of Each Receipt this Period 25000.00
Other (specify) Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78761-5587 C C00301325	Date of Receipt M M O D D O D O D O D O D O D O D O D O
Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC	Occupation Aggregate Year-to-Date ▼ 46500.00	Date of Receipt
Mailing Address 5510 Research Park D City Madison	State Zip Code WI 53725-9038	Transaction ID: 17513469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	C C00359455 Occupation Aggregate Year-to-Date ▼ 9750.00	2450.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	38950.00

A.

PAGE 7 / 126 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal) Date of Receipt Mailing Address 2901 North Central Avenue 09 10 2009 Suite 900 City State Zip Code Transaction ID: 17517250 **Phoenix** ΑZ 85012 Amount of Each Receipt this Period FEC ID number of contributing 12726.00 C C00217687 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date General Primary 12726.00 Other (specify) Full Name (Last, First, Middle Initial) В. New York Hospital & Healthcare Assoc. FED PAC Date of Receipt Mailing Address One Empire Drive 17 0 9 2009 City State Zip Code Transaction ID: 17529136 Rensselaer NY 12144 Amount of Each Receipt this Period FEC ID number of contributing 30000.00 C C00160259 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 150000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	42726.00
TOTAL This Period (last page this line number only)	•	81676.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 126 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Vernon L. Long Mailing Address 3440 N.E. Kincaid City Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General	State KS C Occupation Vice Pres		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Kent E. Palmberg, , M.D. Mailing Address 1216 SW Westside City Topeka FEC ID number of contributing federal political committee.	Drive State KS	Zip Code 66615-1236	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Carol S. Perry, RN Mailing Address PO Box 3822	_ , '	n ice President and Chief Med Year-to-Date ▼ 300.00	Date of Receipt
City Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼	State KS C Occupation VP and C Aggregate		Transaction ID: 17511311 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 126 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Randall Peterson Mailing Address 2022 N. Red Oaks			Date of Receipt
City Wichita	State KS	Zip Code 67206-8909	Transaction ID: 17511312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Via Christi Health System	Occupatio		500.00
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jay M. Baumgartner Mailing Address 111 Woodlawn Dr.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17511575
Warsaw	IN	46580-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Otis R. Bowen Center for Human Service Receipt For: Primary General		n ancial Officer Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. James D. Bickel			Date of Receipt
Mailing Address 4370 Washington		7: 0.1	09 / 03 / 2009
City Columbus	State IN	Zip Code 47203-1139	Transaction ID: 17511577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47200 1100	250.00
Name of Employer Columbus Regional Hospital		Materials Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 126 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Callaghan, III, M.D. Mailing Address 301 West Homer S	Street	Date of Receipt
City Michigan City FEC ID number of contributing federal political committee.	State Zip Code IN 46360-4358	0 9 0 3 2 0 0 9 Transaction ID: 17511585 Amount of Each Receipt this Period 250.00
Name of Employer Saint Anthony Memorial - Michigan City Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas J Gryzbek Mailing Address 5454 Hohman Ave	Date of Receipt M M	
City	State Zip Code	Transaction ID: 17511616
<u>Hammond</u>	IN 46320-1931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Margaret Mercy Heal- thcare Center Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond V Ingham, , Ph.D.		Date of Receipt
Mailing Address P O Box 1200		09 03 2009
City	State Zip Code	Transaction ID: 17511630
Lebanon FEC ID number of contributing federal political committee.	IN 46052-3005	Amount of Each Receipt this Period 500.00
Name of Employer Witham Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 11 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold o name and address of any po	r used by any persor olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
A. !!	Full Name (Last, First, Middle Initial) Mr Paul Janssen Mailing Address 601 Hoosier Dr. City New Castle FEC ID number of contributing ederal political committee. Name of Employer Henry County Hospital Receipt For: Primary General Other (specify)	State Zip Code IN 47362-2 C Occupation Senior Vice Presiden Aggregate Year-to-Date	940 It and Chief Finan	Date of Receipt M M O O O O O O O O O O O O O O O O O
3. I	Full Name (Last, First, Middle Initial) Mr. Kevin D Leahy Mailing Address P O Box 1290 City Mishawaka FEC ID number of contributing ederal political committee. Name of Employer Sisters of St. Francis Health Services Receipt For: Primary General Other (specify)	State Zip Code IN 46546-1: C Occupation President and Chief Aggregate Year-to-Date	290 Executive Officer	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer Mailing Address P O Box 1329 City Elkhart FEC ID number of contributing ederal political committee. Name of Employer Elkhart General Healthcare System Receipt For: Primary General Other (specify)	State Zip Code IN 46515-1: C Occupation President Aggregate Year-to-Date	329	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
su	BTOTAL of Receipts This Page (optional)		>	1000.00

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 126 (check only one) X
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>M</u>	Full Name (Last, First, Middle Initial) Mr. Ronald L Mead Mailing Address 4277 Sedge Ct. City Zionsville EC ID number of contributing ederal political committee. Jame of Employer St. Vincent Health Receipt For: Primary General Other (specify)	, ' 	Zip Code 46077-8526 on Chief Mission Officer e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. M	Full Name (Last, First, Middle Initial) Mr. David Ruskowski Mailing Address 1201 South Main Stree City Crown Point FEC ID number of contributing ederal political committee. Name of Employer St. Anthony Medical Center Receipt For: Primary General	State IN C Occupation Presiden		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. M. C.	Other (specify) Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich Mailing Address 4655 Running Brook T City Greenwood FEC ID number of contributing ederal political committee. Name of Employer Four County Counseling Center Receipt For:	State IN C Occupation Executive	Zip Code 46143-9255 on e Director and CEO e Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼ BTOTAL of Receipts This Page (optional)		375.00	1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persorne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Bernadine Marcuccilli Wallace Mailing Address 1003 Overlook Road City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For: Primary General Other (specify)	State Zip Code IN 46952-1330 C Occupation Vice President Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Marlene Weatherwax Mailing Address 6906 S. Five Points F City Indianapolis FEC ID number of contributing federal political committee.	Road State Zip Code IN 46259-9754	Date of Receipt M M O 9 O 3 2 0 0 9 Transaction ID: 17511717 Amount of Each Receipt this Period 250.00
Name of Employer Columbus Regional Hospital Receipt For: Primary General Other (specify) ▼	Occupation Vice President and Chief Financial Off Aggregate Year-to-Date 250.00	;
Full Name (Last, First, Middle Initial) Mr. Terrance E Wilson Mailing Address 2400 South Street City Lafayette FEC ID number of contributing federal political committee.	State Zip Code IN 47904-3027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer St. Elizabeth Regional He- alth Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAG		,,,	
Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle			Date of Receipt
Mailing Address 6820 Deerpath Roa	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Elkridge	State MD	Zip Code 21075-6200	Transaction ID: 17512466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.000000	510.00
Name of Employer Maryland Hospital Associa- tion	Occupation Presiden	n t and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Mr. William H Considine			Date of Receipt
Mailing Address One Perkins Squar	е		09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Akron	State OH	Zip Code 44308-1062	Transaction ID: 17513501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44500-1002	500.00
Name of Employer Akron Children's Hospital	Occupation President		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Brent A Marsteller			Date of Receipt
Mailing Address 1340 Hal Greer Box	ulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntington	State WV	Zip Code 25701-3800	Transaction ID: 17513505
FEC ID number of contributing federal political committee.	C	23701-3600	Amount of Each Receipt this Period 500.00
Name of Employer Cabell Huntington Hospital	Occupation Presiden	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1510.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Douglas E Bentz		Date of Receipt
Mailing Address 200 Hospital Drive		09 08 2009
City	State Zip Code	Transaction ID: 17513526
Spencer	WV 25276-1050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roane General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Stephen P Dexter		Date of Receipt
Mailing Address 4605 MacCorkle Ave	enue SW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17513532
South Charleston	WV 25309-1311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Thomas Memorial Hospital	Occupation President and Chief Executive Office	per
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John C Forester		Date of Receipt
Mailing Address 1160 Van Voorhis R	oad	09 08 7 9 9
City	State Zip Code	Transaction ID: 17513534
Morgantown	WV 26505-3435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HEALTHSOUTH MountainView Regional Reha	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	<u> </u>	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 126 (check only one) X 11a	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any persog the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Mr. Michael B. Robbins Mailing Address 31 Carriage Road City Charleston FEC ID number of contributing federal political committee. Name of Employer West Virginia Hospital Association Receipt For:	State Zip Code WV 25314-2165 C Occupation V.P Financial Policy Aggregate Year-to-Date ▼	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Primary General Other (specify) Full Name (Last, First, Middle Initial) John A. May	500.00	Date of Receipt	
Mailing Address 7 Sun Bonnet Lane City Morgantown FEC ID number of contributing federal political committee.	State Zip Code WV 26508-2536	Transaction ID: 17513536 Amount of Each Receipt this Period 250.00	
Name of Employer Wetzel County Hospital Receipt For: Primary General Other (specify) ▼	Occupation Interim CFO Aggregate Year-to-Date 250.00		
Full Name (Last, First, Middle Initial) Mr David Abelson Mailing Address 6500 Excelsior Box	Mr David Abelson		
City Saint Louis Park FEC ID number of contributing federal political committee.	State Zip Code MN 55426-4702	0 9 0 8 2 0 0 9 Transaction ID: 17513541 Amount of Each Receipt this Period 250.00	
Name of Employer Park Nicollet Health Services Receipt For: Primary General	Occupation President and Chief Executive Officer Aggregate Year-to-Date		
Other (specify) SUBTOTAL of Receipts This Page (option	250.00	1000.00	

or for commercial NAME OF CC American H Full Name (La: Ms. Sara J Crig Mailing Addres City Saint Paul FEC ID number federal political Name of Emplest. Joseph's H Receipt For: Primary Other (s Full Name (La: Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal political Receipt For: Primary Other (s Full Name (La: Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal political Receipt For: Primary Other (s Full Name (La: Mr. John Dohen Mailing Addres City Minneapolis	I purposes, other than using the non- DMMITTEE (In Full) Iospital Association PAC Lest, First, Middle Initial) Lest Ger	et State Zip Code MN 55102-1004 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt Date of Receipt Transaction ID: 17513551 Amount of Each Receipt this Period Date of Receipt Date of Receipt 1750.00 Transaction ID: 17513554
American H Full Name (La Ms. Sara J Crig Mailing Addres City Saint Paul FEC ID number federal political Name of Emplest. Joseph's H Receipt For: Primary Other (s Full Name (La Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal political Name of Emplest. John Diehl Mailing Addres City Saint Paul FEC ID number federal political Receipt For: Primary Other (s Full Name (La Mr. John Doher Mailing Addres City Minneapolis	lospital Association PAC list, First, Middle Initial) ger ss 69 West Exchange Stree er of contributing al committee. loyer Hospital General specify) st, First, Middle Initial)	State Zip Code MN 55102-1004 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Transaction ID: 17513551 Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ms. Sara J Crig Mailing Addres City Saint Paul FEC ID number federal political Name of Emplest. Joseph's Heceipt For: Primary Other (s B. Mr. John Diehl Mailing Address City Saint Paul FEC ID number federal political Name of Emplest Gillette Childres alty Healthcanes Receipt For: Primary Other (s Full Name (La. Mr. John Diehl Mailing Address C. Full Name (La. Mr. John Dohen Mailing Address City Minneapolis	er of contributing al committee. loyer Hospital General specify)	State Zip Code MN 55102-1004 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Transaction ID: 17513551 Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Saint Paul FEC ID number federal political Name of Emplost. Joseph's Heceipt For: Primary Other (s Full Name (Laward Mr. John Diehl Mailing Address City Saint Paul FEC ID number federal political Name of Emplosillette Childres alty Healthcane Primary Other (s Full Name (Laward Mr. John Doher (s) Full Name (Laward Mailing Address City Minneapolis	al committee. loyer Hospital General specify) ▼ ust, First, Middle Initial)	MN 55102-1004 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number federal political Name of Emplost. Joseph's Heceipt For: Primary Other (some selection of the political of the	al committee. loyer Hospital General specify) ▼ ust, First, Middle Initial)	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M
St. Joseph's F Receipt For: Primary Other (s Full Name (La. Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal politica Name of Emplodillette Childre alty Healthca Receipt For: Primary Other (s Full Name (La. Mr. John Doher Mailing Addres City Minneapolis	General specify) ▼ ust, First, Middle Initial)	Chief Executive Officer Aggregate Year-to-Date ▼ 250.00 East	09 / 08 / Y Y Y Y Y Y
Full Name (La. Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal political Name of Emplodillette Childres alty Healthcane Receipt For: Primary Other (s Full Name (La. Mr. John Doher Mailing Addres City Minneapolis	specify) st, First, Middle Initial)	250.00 East	09 / 08 / Y Y Y Y Y Y
Mr. John Diehl Mailing Addres City Saint Paul FEC ID number federal politica Name of Empl Gillette Childre alty Healthca areceipt For: Primary Other (s Full Name (Lame Mr. John Doher Mailing Addres) City Minneapolis			09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Paul FEC ID number federal politica Name of Emplicate Children alty Healthca Receipt For: Primary Other (s Full Name (Lamer Mailing Address City Minneapolis	ss 183 University Avenue E		09 08 2009
Saint Paul FEC ID number federal politica Name of Emplorishment of Employer of Emplorishment of Employer of		State Zip Code	Transaction ID: 17513554
FEC ID number federal political Name of Emploid Gillette Childres alty Healthca. Receipt For: Primary Other (s Full Name (Lamer Mailing Addressed Minneapolis)			
Receipt For: Primary Other (s Full Name (La Mr. John Doher Mailing Addres City Minneapolis		MN 55101-2526	Amount of Each Receipt this Period
alty Healthca Receipt For: Primary Other (s Full Name (La. Mr. John Doher Mailing Addres City Minneapolis	er of contributing al committee.	С	250.00
Full Name (La Mr. John Doher Mailing Addres City Minneapolis	loyer en's Speci-	Occupation Chief Executive Officer	
Full Name (La Mr. John Doher Mailing Addres City Minneapolis		Aggregate Year-to-Date ▼	
Mr. John Doher Mailing Addres City Minneapolis	☐ General pecify) ▼	250.00	
City <u>Minneapolis</u>	st, First, Middle Initial) rty	Date of Receipt	
<u>Minneapolis</u>	ss 2450 Riverside Avenue		09 08 2009
•		State Zip Code MN 55454-1450	Transaction ID: 17513555
federal politica	er of contributing	MN 55454-1450	Amount of Each Receipt this Period 100.00
Name of Empl Fairview Healt	loyer th Services	Occupation Senior Operating Executive, Outsta	ate
Receipt For: Primary Other (s		Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of F	General pecify) ▼		_

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 126 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA		arooo or any ponioca committee to	
Full Name (Last, First, Middle Initial) Mr Geoff Glueckstein			Date of Receipt
Mailing Address 5500 Wayzata Blvo	d. Ste 300		09 08 2009
City Golden Valley	State MN	Zip Code 55416-3582	Transaction ID: 17513569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33410-3302	500.00
Name of Employer knutson Construction Serv- ices Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- ' '	of Project Managment Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne St. NW			Date of Receipt
			09 08 2009
City Bemidji	State MN	Zip Code 56601-5103	Transaction ID: 17513571 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer North Country Regional Ho- spital	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Mr. Michael D Hedrix			Date of Receipt
Mailing Address 109 Court Avenue	South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sandstone	State MN	Zip Code	Transaction ID: 17513576
FEC ID number of contributing federal political committee.	C	55072-5120	Amount of Each Receipt this Period 250.00
Name of Employer Essentia Community Hospit- als and Clini	Occupatio Administ	rator	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		825.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 126 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Mary Maertens		Date of Receipt
Mailing Address 300 South Bruce Street		09 08 2009
City	State Zip Code	Transaction ID: 17513591
Marshall	MN 56258-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer Avera Marshall Regional	Occupation	
Medical Center	Director, Community Services	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	350.00	,
Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa		Date of Receipt
Mailing Address 2550 University Avenue	eW.	0 9 0 8 2 0 0 9
City	State Zip Code	Transaction ID: 17513592
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Minnesota Hospital Associ- ation	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	* .
Full Name (Last, First, Middle Initial) Mr Erik Nelson		Date of Receipt
Mailing Address 18242 Dove Court		09 08 2009
City	State Zip Code	Transaction ID: 17513624
Eden Prairie	MN 55347-1179	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Validus Consulfing	Occupation Principal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		625.00

City State Zip Code MN 59479-5280 FEC ID number of contributing federal political committee. Name of Employer Lakewood Health System Primary General Other (specify) ▼ C C C C C C C C C C C C C C C C C C	SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one) X 11a 11b 13 14	R: PAGE 20 / 126
A. Full Name (Last, First, Middle Initial) Mr. Tim Rice Malling Address 49725 County 83 City Staples MN 56479 5280 FEC ID number of contributing rederal political committee. Name of Employer Lakewood Health System President Receipt For: Primary General Other (specify) ▼ C C Cocupation President Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Inits Period Transaction ID: 17513632 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 17513634 Amount of Each Receipt this Period Date of Receipt Date of Receipt View Primary State Zip Code Transaction ID: 17513634 Amount of Each Receipt Inits Period Date of Receipt	or for commercial purp	oses, other than using the na	ements may i	not be sold or used by any persess of any political committee to	on for the purpose of so solicit contributions fro	liciting contributions m such committee.
A. Mr. Tim Rice Mailing Address 49725 County 83 City State Zip Code Staples MN 56479-5280 FEC ID number of contributing federal political committee. Name of Employer Lakwooxod Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Min 56426-4702 City State Zip Code Minneapolis MN 55426-4702 Transaction ID: 17513634 Amount of Each Receipt this Period Date of Receipt Name (Last, First, Middle Initial) Min Mark A Skubic Minneapolis MN 55426-4702 FEC ID number of contributing federal political committee. C State Zip Code Minneapolis Name of Employer Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) MN 55426-4702 Fel In number of contributing federal political committee. C State Zip Code Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) Ms Tanis Thometz Mailling Address 1200 Whitewater Drive Site. 150 City State Zip Code Minnetonka MN 55343-9449 FEC ID number of contributing federal political committee. C State Zip Code Minnetonka MN 55343-9449 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	American Hosp	tal Association PAC				
City State Zip Code MN 55479-5280 FEC ID number of contributing federal political committee. Name of Employer Lakewood Health System Receipt For: Primary General Other (specify) ▼ Cocupation President Receipt For: Primary General Other (specify) ▼ Cocupation President Receipt For: Malling Address 6500 Excelsior Boulevard City State Zip Code MInneapolis MN 55426-4702 FEC ID number of contributing federal political committee. Receipt For: Park Nicoliel Health Services Receipt For: Primary General Other (specify) ▼ Cocupation President Receipt Mn 55426-4702 FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Ms Tanis Thometz Malling Address 12600 Whitewater Drive Ste. 150 City State Zip Code Vice President Government Relations an Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt tins Period Date of Receipt Tor: Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt tins Period Date of Receipt Transaction ID: 17513646 Amount of Each Receipt tins Period Transaction ID: 17513646 Amount of Each Receipt tins Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt tins Period Transaction ID: 17513646 Amount of Each Receipt tins Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt tins Period Transaction ID: 17513646 Amount of Each Receipt tins Period Transaction ID: 17513646 Amount of Each Receipt tins Period Transaction ID: 17513646 Tran	Mr. Tim Rice				Date of Receipt	
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FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼	•			•		
Receipt For:	FEC ID number of			30479-3280	Amount of Each	
Primary General Other (specify) ▼ 250.00 Post of Receipt	Name of Employer Lakewood Health S	System	•			
Mr Mark A Skubic Mailing Address 6500 Excelsior Boulevard City State Zip Code Minneapolis MN 55426-4702 FEC ID number of contributing federal political committee. Name of Employer Park Nicollef Health Services Receipt For: Primary General Other (specify) ▼ City Ms Tanis Thometz Mailing Address 12600 Whitewater Drive Ste. 150 City State Zip Code Transaction ID: 17513634 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Date of Receipt Transaction ID: 17513646 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Humana Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Provider Realtions Consultatnt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Transaction ID: 750.00	Primary		Aggregate \			
City State Zip Code Minneapolis MN 55426-4702 FEC ID number of contributing federal political committee. Name of Employer Park Nicolef Health Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Tanis Thometz Mailing Address 12600 Whitewater Drive Ste. 150 City State Zip Code Minnetonka MN 55343-9449 FEC ID number of contributing federal political committee. Name of Employer Park Nicolef Health Services Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M J D D D D D D D D D D D D D D D D	Mr Mark A Skubic				- <u> </u>	
Minneapolis MN 55426-4702 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Park Nicollef Health Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Tanis Thometz Mailing Address 12600 Whitewater Drive Ste. 150 City State Zip Code MInnetonka FEC ID number of contributing federal political committee. Name of Employer Humana Provider Realtions Consultant Receipt For: Primary General Other (specify) ▼ Occupation Provider Realtions Consultant Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Transaction ID: 17513646 Amount of Each Receipt this Period Transaction ID: 17513646 Amount of Each Receipt this Period Transaction ID: 17513646 Amount of Each Receipt this Period Transaction ID: 17513646 Amount of Each Receipt this Period Transaction ID: 1750.00	Mailing Address	6500 Excelsior Boulevard	d			
FEC ID number of contributing federal political committee. Name of Employer Park Nicollel Health Services ICES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Tanis Thometz Mailing Address Ste. 150 City State Zip Code Minnetonka FEC ID number of contributing federal political committee. Name of Employer Humana Receipt For: Primary General Occupation Provider Realtions Consultant Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt My M M M M M M M M M M M M M M M M M M	•			•		
Name of Employer Park Nicollet Health Serv- ices Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Tanis Thometz Mailing Address 12600 Whitewater Drive Ste. 150 City State Zip Code Minnetonka MN 55343-9449 FEC ID number of contributing federal political committee. Name of Employer Humana Receipt For: Primary General Other (specify) ▼ Occupation Provider Realtions Consultant Aggregate Year-to-Date ▼ Transaction ID: 17513646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 750.00	<u> </u>		MN	55426-4702	Amount of Each	Receipt this Period
Ces Receipt For:			C			310.00
Primary General Other (specify) ▼ State Zip Code		h Serv-	•	dent Government Relation	s an	
Other (specify) ▼ State Zip Code Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Minnetonka Date of Receipt Minnetonka Minneto	Receipt For:	Canada	Aggregate \	Year-to-Date ▼		
Mailing Address 12600 Whitewater Drive Ste. 150 City State Zip Code Minnetonka FEC ID number of contributing federal political committee. Name of Employer Humana Provider Realtions Consultatnt Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M J D D J Q Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				310.00		
Ste. 150 City State Zip Code Minnetonka MN 55343-9449 FEC ID number of contributing federal political committee. Name of Employer Humana Provider Realtions Consultatnt Receipt For: Primary General Other (specify) ▼ Og 0 8 2 0 0 9 Transaction ID: 17513646 Amount of Each Receipt this Period 750.00					Date of Receipt	
Minnetonka FEC ID number of contributing federal political committee. Name of Employer Humana Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period Amount of Each Receipt this Period 750.00 Aggregate Year-to-Date ▼ 750.00	ū					
FEC ID number of contributing federal political committee. Name of Employer Humana Occupation Provider Realtions Consultatnt Receipt For: Primary General Other (specify) Other (specify)	•			·		
Humana Provider Realtions Consultatnt Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	FEC ID number of			33343-3443	Amount of Each	
Primary General Other (specify) ▼ 750.00	Name of Employer Humana			Realtions Consultatnt		
	Primary		Aggregate \]	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Rece	pts This Page (optional)				1310.00

COMEDINE A JEEC Form 2) V\	FOR LINE NUMBER: PAGE 21 / 126				
SCHEDULE A (FEC Form 3	2 Ose separate seriedate(s)	(check only one)				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
	Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	71					
American Hospital Association PA	AC					
Full Name (Last, First, Middle Initial) A. Mr. Randy Ulseth						
Mailing Address 301 South Highwa						
City	State Zip Code	Transaction ID: 17513647				
Mora	MN 55051-1899	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Kanabec Hospital	Occupation Chief Executive Officer	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) B. Mr. Karl B Gills						
Mailing Address 1024 Central Park	Mailing Address 1024 Central Park Drive					
City	State Zip Code	Transaction ID: 17513823				
Steamboat Springs	CO 80487-8813	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Yampa Valley Medical Cent- er	Occupation Chief Executive Officer					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) C. Mr. Rulon F Stacey		Date of Receipt				
Mailing Address 2315 East Harmo	Mailing Address 2315 East Harmony Road					
City	State Zip Code	Transaction ID: 17513824				
Fort Collins	CO 80528-8620	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Poudre Valley Health Syst- em	Occupation President and Chief Executive Officer					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (option	nal)	1000.00				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 22 / 126 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee t	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr Russ Branzell Mailing Address 4004 County Large Address		Date of Receipt
	Mailing Address 1024 South Lemay Ave	enue	09 / 09 / 2009
	City	State Zip Code	Transaction ID: 17513827
	Fort Collins	CO 80524-3998	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Poudre Valley Health Syst- em	Occupation Vice President Information Systems	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson		Date of Receipt
	Mailing Address P O Box 1659		09 09 2009
	City	State Zip Code	Transaction ID: 17513830
	Longmont	CO 80502-1659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Longmont United Hospital	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Ms Stephanie Doughty		Date of Receipt
	Mailing Address 1024 South Lemay Ave	nue	09 09 2009
	City	State Zip Code	Transaction ID: 17513849
	Fort Collins	CO 80524-3998	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Poudre Valley Health Syst- em	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00
H	<u> </u>		_

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	•1	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Kenneth W Leisher			Date of Receipt
Mailing Address P O Box 429			09 09 2009
City	State	Zip Code	Transaction ID: 17513857
Salida	CO	81201-0429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Heart of the Rockies Regi- onal Medical	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert W Ladenburger			Date of Receipt
Mailing Address 2420 West 26th Ave	0 9 0 9 2 0 0 9		
City	State	Zip Code	Transaction ID: 17513870
Denver	CO	80211-5302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Exempla Healthcare, Inc.	Occupation President	n t and Chief Executive Office	r l
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr John A DiAngelo			Date of Receipt
Mailing Address 105 Pancoast Place)		0 9 1 1 2 0 0 9
City	State	Zip Code	Transaction ID: 17517212
Mullica Hill	NJ	08062-4735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer South Jersey Healthcare	Occupation Senior Vi	n ce President Finance and C	m hię
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			<u> </u>

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 126		
ITEMIZED RECEIPTS		for each category of the	(check only one)		
II LIVIIZED NEOLIF I S		Detailed Summary Page	X 11a 11b 11c 12		
Any information copied from such Reports and St	atemente ma	y not be sold or used by any porce	n for the purpose of soliciting contributions		
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt		
Mailing Address 6180 Lower Mountain F	Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State	Zip Code	Transaction ID: 17517219		
New Hope	PA	18938	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		5.00		
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., I	n Health Economics			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 253.36			
	0 0	0 0 0 0 0 0 0	1		
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs			Date of Receipt		
Mailing Address 23 E. Delaware Avenue	•		09 11 2009		
City	State	Zip Code	Transaction ID: 17517220		
Pennington	NJ	8534	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		5.00		
Name of Employer New Jersey Hospital Assoc- iation	Occupation General (
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	340.00			
Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski			Date of Receipt		
Mailing Address 501 West Front Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 17517223		
<u>Elmer</u>	NJ	08318-2101	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer South Jersey Healthcare - Elmer Hospit	Occupation President	n t and Chief Executive Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		·····	510.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 126 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to so	13 14 15 16 for the purpose of soliciting contributions colicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Richard Petersen		Date of Receipt	
Mailing Address 120 Fickett Street City	State Zip Code	0 9 1 1 2 0 0 9	
South Portland	ME 04106-6874	Transaction ID: 17517243 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Maine Medical Center	Occupation Chief Operating Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Ms. Nancy Steiger		Date of Receipt	
Mailing Address 2901 Squalicum Parl	•	09 14 2009	
City	State Zip Code	Transaction ID: 17523927	
Bellingham	WA 98225-1851	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer St. Joseph Hospital	Occupation Chief Executive Officer and Chief Miss		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. Stephen R. Griffin		Date of Receipt	
Mailing Address 600 Wood Pond Roa	d	09 14 2009	
City	State Zip Code	Transaction ID: 17523928	
Cheshire	CT 06410-4341	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Saint Mary's Hospital	Occupation Trustee		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 126 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Wallace J Davies			Date of Receipt
Mailing Address 800 North Fant Stre City Anderson	State SC	Zip Code 29621-5708	Transaction ID: 17528472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer AnMed Health Receipt For: Primary General Other (specify) ▼		n Director/Emergency Services e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan Mailing Address 201 Graylyn Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17528473
Anderson	SC	29621-1985	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AnMed Health Medical Cent- er	Occupatio Director	ⁿ of Urgent Care	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr Bill T Manson	•		Date of Receipt
Mailing Address 800 N. Fant St.			09 / 16 / Y Y Y Y Y Y
City Anderson	State SC	Zip Code 29621	Transaction ID: 17528474
FEC ID number of contributing federal political committee.	C	29021	Amount of Each Receipt this Period 250.00
Name of Employer AnMed Health Medical Cent- er		e Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)		1500.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and State or for commercial purposes, other than using the results of the state o	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Jerry A Parrish		Date of Receipt
Mailing Address 107 Nottingham Court City	State Zip Code	M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Anderson	SC 29621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AnMed Health Medical Cent-	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA		Date of Receipt
Mailing Address 705 Westchester Drive		09 16 2009
City	State Zip Code	Transaction ID: 17528476
Anderson	SC 29621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AnMed Health Medical Cent- er	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jerry R. Youkey, MD		Date of Receipt
Mailing Address 701 Grove Road		09 16 2009
City	State Zip Code	Transaction ID: 17528520
Greenville	SC 29605-5611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Greenville Hospital System	Occupation VP, Medical/Academic Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number of	· ·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 126 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard E D'Alberto, , FACHE Mailing Address P O Box 976		Date of Receipt
City	State Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 17528521
Clinton FEC ID number of contributing federal political committee.	SC 29325-0976	Amount of Each Receipt this Period 250.00
Name of Employer Laurens County Health Care System	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward Mailing Address 298 Memorial Drive		Date of Receipt
		09 16 2009
City	State Zip Code	Transaction ID: 17528522
Seneca FEC ID number of contributing federal political committee.	SC 29672-9499	Amount of Each Receipt this Period 500.00
Name of Employer Oconee Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Mr. Douglas Bowling	•	Date of Receipt
Mailing Address 2509 Watercrest La	ine	09 16 2009
City	State Zip Code	Transaction ID: 17528523
Johns Island FEC ID number of contributing federal political committee.	SC 29455-3108	Amount of Each Receipt this Period 500.00
Name of Employer Roper Hospital	Occupation Vice President of System Developmen	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Possints This Poss (autisms	I)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Ellen Jackson Brown Mailing Address 316 Calhoun Stree		Date of Receipt M
City Charleston FEC ID number of contributing	State Zip Code SC 29401-1113	Transaction ID: 17528524 Amount of Each Receipt this Period
federal political committee. Name of Employer Roper Hospital Receipt For:	Occupation VP, Managed Care & Physician Service Aggregate Year-to-Date	250.00 ces
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Allen P Carroll Mailing Address 2095 Henry Teckle	enburg Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17528592
Charleston	SC 29414-5733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Roper Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE Mailing Address 125 Doughty Stree	et	Date of Receipt
Suite 760 City	State Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 17528593
Charleston	SC 29403-5736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Roper St. Francis Healthc- are	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00
TOTAL This Period (last page this line nur	nber only)	

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 126 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) George T. Edwards			Date of Receipt
Mailing Address 787 Shell Island Circ	cle		0 9 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 17528594
Charleston FEC ID number of contributing federal political committee.	SC C	29412	Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupatio Director	n of Legal Services	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rev Terence K Fleming			Date of Receipt
Mailing Address PO Box 357			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17528595
Folly Beach FEC ID number of contributing federal political committee.	SC C	29439-0357	Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupatio VP for M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Anita M Butler			Date of Receipt
Mailing Address 389 Serpentine Drive	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17528596
Spartanburg FEC ID number of contributing federal political committee.	SC C	29303-3074	Amount of Each Receipt this Period 500.00
Name of Employer Spartanburg Regional Heal- thcare System	- ' '	ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
			1000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. David Church Mailing Address 906 Old Wagon Road		Date of Receipt
	City Inman	State Zip Code SC 29349	Transaction ID: 17528599 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System Receipt For: Primary General Other (specify) ▼	Occupation Dir., Business Ops & Marketing Home Aggregate Year-to-Date 500.00	e Ca
	Full Name (Last, First, Middle Initial) Susan Duggar Mailing Address 487 N. Sweetwater Hill	s Dr.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17528600
	Moore	SC 29369-8605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System Receipt For:	Occupation VP, Nursing Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Robert Flandry		Date of Receipt
	Mailing Address 487 N. Sweetwater Hill	s Dr.	09 16 2009
	City	State Zip Code	Transaction ID: 17528601
	Moore	SC 29369-8605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation VP/CMO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Judy Hamer			Date of Receipt
Mailing Address 101 East Wood Street			09 16 2009
City	State	Zip Code	Transaction ID: 17528602
Spartanburg	SC	29303-3040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spartanburg Regional Heal-	Occupation		
thcare System	General (
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Sara B. Hammond			Date of Receipt
Mailing Address 221 Huddersfield Drive	!		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17528603
Simpsonville	SC	29681-3703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Spartanburg Regional Heal- thcare System	Occupation Director,	n Contracting	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Mary Jane Jennings			Date of Receipt
Mailing Address 210 Springlake Road			09 16 YYYYY 16 2009
City	State	Zip Code	Transaction ID: 17528609
Gaffney	SC	29340-5662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spartanburg Regional Heal- thcare System	Occupation Director,	n Medical Staff Services	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person an and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Randall G Nyp		Date of Receipt
Mailing Address 101 East Wood Street		09 16 2009
City	State Zip Code	Transaction ID: 17528610
<u>Spartanburg</u>	SC 29303-3016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Spartanburg Regional Heal-	Occupation Senior Vice President and Chief Opera	at
thcare System Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Brent Rody, MD	I	Date of Receipt
Mailing Address 101 East Wood Street		09 16 YYYYY 2009
City	State Zip Code	Transaction ID: 17528611
Spartanburg	SC 29303-3040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Spartanburg Regional Heal- thcare System	Occupation VP Hospital Based Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Renee Romberger		Date of Receipt
Mailing Address 5 Kinglet Court		09 16 YYYYY 2009
City	State Zip Code	Transaction ID: 17528612
Simpsonville	SC 29681-7221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Spartanburg Regional Heal- thcare System	Occupation Vice President]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Raymond A. Shingler Mailing Address 429 Carleton Circle City Spartanburg FEC ID number of contributing federal political committee. Name of Employer Spartanburg Regional Heal-thcare System Receipt For:	State Zip Code SC 29301-1270 C Occupation Sr. Vice President Information Service Aggregate Year-to-Date ▼	Date of Receipt M M J D D D Z D O D Z D O D D Z D O D D D D D
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lori T. Winkles	250.00	Date of Receipt
Mailing Address 144 Hawk Creek Dri City Spartanburg FEC ID number of contributing federal political committee. Name of Employer Spartanburg Regional Healthcare System Receipt For: Primary General Other (specify) ▼	State Zip Code SC 29301-1214 C Occupation Director of Rehab Wound Services Aggregate Year-to-Date 250.00	Transaction ID: 17528615 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Jay Cox Mailing Address 129 North Washingt City	on Street State Zip Code	Date of Receipt M M
Sumter FEC ID number of contributing federal political committee.	SC 29150-4983	Amount of Each Receipt this Period 500.00
Name of Employer Tuomey Healthcare System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 126 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Mr. Gregg Martin		Date of Receipt
Mailing Address 2252 Rolling Hill L	ane	09 16 2009
City	State Zip Code	Transaction ID: 17528617
Sumter	SC 29150-1934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tuomey Healthcare System	Occupation Senior Vice President & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Parks	I	Date of Receipt
Mailing Address 107 Brandermill R	oad	09 16 2009
City	State Zip Code	Transaction ID: 17528618
<u>Spartanburg</u>	SC 29301-1222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Spartanburg Regional Heal- thcare System	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Doug Harrison	I	Date of Receipt
Mailing Address 1574 Fiddlers Mar	sh Drive	09 16 2009
City	State Zip Code	Transaction ID: 17528621
Mt Pleasant	SC 29464-4286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation Vice President, Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any in or for	formation copied from such Reports and St. commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) merican Hospital Association PAC			
	ll Name (Last, First, Middle Initial) s. Lisa Irvin			Date of Receipt
Ma	iling Address 159 Harbour Watch Wa	ay		09 16 7 2009
Cit		State	Zip Code	Transaction ID: 17528623
	ount Pleasant	SC	29464-2827	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		250.00
Na Ro	me of Employer per Hospital	Occupatio VP of Nu		
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	II Name (Last, First, Middle Initial) Bret Johnson			Date of Receipt
Ma	ailing Address 316 Calhoun Street			09 16 2009
Cit	•	State	Zip Code	Transaction ID: 17528624
_	narleston	SC	29401-1113	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		500.00
Na Ro	me of Employer per Hospital	Occupatio Chief Fin	n nancial Officer	
Re	ceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Il Name (Last, First, Middle Initial) . Matthew J Severance			Date of Receipt
	ailing Address 316 Calhoun Street			09 / 16 / Y Y Y Y Y Y Y
Cit	-	State	Zip Code	Transaction ID: 17528625
	narleston	SC	29401-1113	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		500.00
Ro —	ime of Employer oper Hospital	_	ecutive Officer	
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
SUB.	TOTAL of Receipts This Page (optional)			1250.00
	AL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 37 / 126 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold one name and address of any positions.	r used by any persor olitical committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, , M.D. Mailing Address 316 Calhoun Street			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston FEC ID number of contributing federal political committee.	State Zip Code SC 29401-1		Transaction ID: 17528668 Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼	Occupation Vice President for Me Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) John Sullivan Mailing Address 316 Calhoun Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Charleston FEC ID number of contributing federal political committee.	State Zip Code SC 29401-1		Transaction ID: 17528669 Amount of Each Receipt this Period 500.00
Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼	Occupation CEO, Mt. Pleasant Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Michael Taylor Mailing Address 316 Calhoun Street			Date of Receipt
City Charleston FEC ID number of contributing federal political committee.	State Zip Code SC 29401-1		Transaction ID: 17528670 Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital Receipt For: Primary General Other (specify) ▼	Occupation Chief Information Of Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional))	1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any in or for	nformation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\	AME OF COMMITTEE (In Full) merican Hospital Association PAC			
	ull Name (Last, First, Middle Initial) r. Richard Foster, MD			Date of Receipt
Mi Ci	ailing Address 1000 Center Point Roa	ad State	Zip Code	0 9 1 6 2 0 0 9 Towns at the ID 17529672
	olumbia	SC	29210-5802	Transaction ID: 17528673 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	20210 0002	250.00
<u>As</u>	ame of Employer outh Carolina Hospital ssociation eceipt For: Primary General Other (specify)	Occupation Sr. Vice I Aggregate		
3. <u>Jo</u>	ull Name (Last, First, Middle Initial)			Date of Receipt
M	ailing Address 1000 Cetner Point Roa	ad		09 16 2009
Ci	ity	State	Zip Code	Transaction ID: 17528675
<u>C</u>	olumbia	SC	29210-5802	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		325.00
<u>As</u>	ame of Employer outh Carolina Hospital ssociation	Occupation Director	n of WebBased Communicatio	on s
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00]
	ull Name (Last, First, Middle Initial) r. J. Thornton Kirby			Date of Receipt
M	ailing Address 1000 Center Point Roa	ad		09 16 2009
Ci		State	Zip Code	Transaction ID: 17528678
<u>C</u>	olumbia	SC	29210-5802	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
<u>As</u>	ame of Employer outh Carolina Hospital ssociation	Occupation President	t & CEO	
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
SUB	STOTAL of Receipts This Page (optional)			1075.00
	AL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check drily drie)
Ar	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any e name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Patti Smoake		Date of Receipt
	Mailing Address 1000 Center Point Ro	ad	09 16 2009
	Columbia	State Zip Code SC 29210-5802	Transaction ID: 17528682
	Columbia FEC ID number of contributing federal political committee.	SC 29210-5802	Amount of Each Receipt this Period 250.00
	Name of Employer South Carolina Hospital Association	Occupation VP, Public Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
	Full Name (Last, First, Middle Initial) Mr. Allan Stalvey	1	Date of Receipt
	Mailing Address 900 Gregg Street		09 16 2009
	City	State Zip Code	Transaction ID: 17528683
	Columbia	SC 29201-3913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	650.00
	Name of Employer South Carolina Hospital Association	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	650.0	0
	Full Name (Last, First, Middle Initial) Mr. Ingo Angermeier, , FACHE		Date of Receipt
	Mailing Address 101 East Wood Stree	t	09 16 2009
	City	State Zip Code	Transaction ID: 17528684
	Spartanburg	SC 29303-3016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
	LIDTOTAL of Descripts This Daws (antional)		1400.00

Ai		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
<u> </u>	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mark Aycock		Date of Receipt
	Mailing Address PO Box 1797		09 16 2009
	City	State Zip Code	Transaction ID: 17528685
	Spartanburg	SC 29304-1797	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation Sr. VP/CFO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
 i.	Full Name (Last, First, Middle Initial) James Bearden		Date of Receipt
	Mailing Address 1127 Woodburn Road		09 16 YYYYY 2009
	City	State Zip Code	Transaction ID: 17528686
	Spartanburg	SC 29302-3435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation VP, Clinical Research	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial) Sheila Breitweiser		Date of Receipt
	Mailing Address 695 Fairwinds Road		09 16 2009
	City	State Zip Code	Transaction ID: 17528688
	Landrum	SC 29356-9077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation VP/Exec Director Foundation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 126 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert M. D'Angel Mailing Address 106 Birches Lane City	State Zip Code	Date of Receipt 0 9 1 8 2 0 0 9 Transaction ID: 17529143
Bryn Mawr FEC ID number of contributing federal political committee.	PA 19010-2229	Amount of Each Receipt this Period 250.00
Name of Employer South Jersey Healthcare Receipt For: Primary General Other (specify) ▼	Occupation General Counsel Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain	Road	Date of Receipt 0 9 1 8 2 0 0 9
City	State Zip Code	Transaction ID: 17529152
New Hope	PA 18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.42
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 278.78	
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs	1	Date of Receipt
Mailing Address 23 E. Delaware Avenu	le	09 18 2009
City Pennington	State Zip Code NJ 8534	Transaction ID: 17529153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
		280.42

ress of any political committee Zip Code 07712-7920 Vice President Year-to-Date Zip Code 05401-1473	Date of Receipt Date of Receipt Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
07712-7920 Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
07712-7920 Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Date of Receipt Date of Re
07712-7920 Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Date of Receipt Date of Receipt Date of Rec
07712-7920 Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Date of Receipt M M M D D D 2009 Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Date of Receipt M M M D D D 2009 Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
Vice President Year-to-Date ▼ 250.00 Zip Code 05401-1473	Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
Zip Code 05401-1473	Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
05401-1473	Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
05401-1473	0 9 1 5 2 0 0 9 Transaction ID: 17529219 Amount of Each Receipt this Period 1000.00
05401-1473	Amount of Each Receipt this Period 1000.00
	1000.00
	cer
and Chief Executive Office	
Year-to-Date ▼	
1000.00	
	Date of Receipt
	09 15 2009
Zip Code	Transaction ID: 17529220
05661-8973	Amount of Each Receipt this Period
	250.00
	cer
Year-to-Date ▼ 250.00	
	1500.00
t	05661-8973 nt and Chief Executive Offity Year-to-Date ▼

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Marie Beatrice Grause, RN, JD Mailing Address 1580 North Street		Date of Receipt
City	State Zip Code	09 15 2009
Montpelier	VT 05602-2997	Transaction ID: 17529221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Vermont Association of Ho- spitals & Hea	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner		Date of Receipt
Mailing Address 160 Allen Street		09 15 7 2009
City	State Zip Code	Transaction ID: 17529222
Rutland	VT 05701-4560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Rutland Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary Ann Clemens		Date of Receipt
Mailing Address 1125 Oak Avenue		0 9 1 6 Y Y Y Y Y Y Y
City Evanston	State Zip Code IL 60202-4240	Transaction ID: 17529227
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Advocate Health Care	Occupation Vice President, Medical Education	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Page (entions) >	1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Y)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Full Name (Last, First, Middle Initial) Ms. Meghan K. Clune			Date of Receipt
Mailing Address 2025 Windsor Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oak Brook	State IL	Zip Code	Transaction ID: 17529228
FEC ID number of contributing federal political committee.	C	60523-1586	Amount of Each Receipt this Period 250.00
Name of Employer Advocate Health Care	Occupatio Vice Pres	n sident, Government Relation	s
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James Dan			Date of Receipt
Mailing Address 511 Forest Mews			09 16 2009
City Oak Brook	State IL	Zip Code	Transaction ID: 17529229
FEC ID number of contributing federal political committee.	C	60523-2643	Amount of Each Receipt this Period 800.00
Name of Employer Advocate Health Care	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr. Bruce M Elegant			Date of Receipt
Mailing Address 520 South Maple A	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oak Park	State IL	Zip Code 60304-1097	Transaction ID: 17529230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004 1007	250.00
Name of Employer Rush Oak Park Hospital	Occupatio Presiden	n t and Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)		1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. William Gorski, M.D.		Date of Receipt
Mailing Address 1400 Charles Street	Chata Zin Coda	0 9 1 6 2 0 0 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City Rockford	State Zip Code IL 61104-2224	Transaction ID: 17529232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 01104-2224	300.00
Name of Employer SwedishAmerican Hospital	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. James P. Hill		Date of Receipt
Mailing Address 7435 West Talcott Av	renue	0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17529233
Chicago	IL 60631-3717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurrection Medical Cent- er	Occupation Senior Vice President Human Resource	 C¢s
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski		Date of Receipt
Mailing Address 3333 North Seminary	Street	09 16 2009
City	State Zip Code	Transaction ID: 17529234
Galesburg	IL 61401-1299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	800.00
Name of Employer OSF St. Mary Medical Cent- er	Occupation Administrator and Chief Executive Off	<u>i</u>
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional) .		2100.00
TOTAL This Period (last page this line numbe		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Ms. Karen A Lambert		Date of Receipt
Mailing Address 450 West Highv	•	09 16 2009
City	State Zip Code	Transaction ID: 17529235
<u>Barrington</u>	IL 60010-1919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Advocate Good Shepherd Ho- spital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. Mr. Curt Lipe		Date of Receipt
Mailing Address 3333 North Sen	ninary Street	09 16 2009
City	State Zip Code	Transaction ID: 17529236
<u>Galesburg</u>	IL 61401-1299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer OSF St. Mary Medical Cent- er	Occupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Bruce Merrell, , FACHE		Date of Receipt
Mailing Address 400 North Pleas	sant Avenue	09 16 2009
City	State Zip Code	Transaction ID: 17529237
<u>Centralia</u>	IL 62801-3056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer St. Mary's Hospital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (only	tional)	1175.00
	number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 126 (check only one) X 11a
,	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Robert Rosenberger		Date of Receipt
	Mailing Address 32 Rock River Court	Olate 7's Ocale	09 16 2009
	City Naperville	State Zip Code IL 60565-6347	Transaction ID: 17529240 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centegra Hospital - Woods- tock	Occupation Chief Financial Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Michael Russo	L	Date of Receipt
	Mailing Address 1706 Seminole Lane		0 9 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: 17529241
	Godfrey	IL 62035-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Anthony's Health Sy- stem	Occupation Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_).	Full Name (Last, First, Middle Initial) Dr. Lee Sacks		Date of Receipt
	Mailing Address 2025 Windsor Drive		09 16 2009
	City	State Zip Code	Transaction ID: 17529242
	Oak Brook	IL 60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	800.00
	Name of Employer Advocate Health Care	Occupation Executive Vice President and Chief Me	 ¢
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)		1300.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 126 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr William P Santulli Mailing Address 2025 Windsor Drive City Oak Brook	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	IL 60523-1586	Amount of Each Receipt this Period 800.00
Name of Employer Advocate Health Care Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President and Chief Op Aggregate Year-to-Date 800.00	pe
Full Name (Last, First, Middle Initial) Mr. Anthony Caprio Mailing Address 6 Cottage Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17529438
Marlboro FEC ID number of contributing federal political committee.	NJ 07746-2123	Amount of Each Receipt this Period 250.00
Name of Employer CentraState Healthcare System Receipt For: Primary General	Occupation Chairman Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Mr. Barry G Beeman		Date of Receipt
Mailing Address 17 Belmont Avenue	,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17529440
Brattleboro FEC ID number of contributing federal political committee.	VT 05301-6613	Amount of Each Receipt this Period 350.00
Name of Employer Brattleboro Memorial Hosp- ital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	l)	1400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Dan Griess		Date of Receipt
Mailing Address P O Box 810		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17530074
Alliance	NE 69301-0810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Box Butte General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joe Duerr		Date of Receipt
Mailing Address 501 14th Street		09 21 7 2009
City	State Zip Code	Transaction ID: 17532681
Perry	OK 73077-5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Perry Memorial Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Debbie Howe		Date of Receipt
Mailing Address 3701 East Main Stre	eet	09 21 7 2009
City	State Zip Code	Transaction ID: 17532697
Weatherford	OK 73096-3309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Weatherford Regional Hosp- ital	Occupation Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
Other (specify) ▼		
)	1250.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 126 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Hospital Association P	ng the name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David E. Morton, Dr. P.H., Mailing Address 2825 Natchez Tra	ail State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Edmond FEC ID number of contributing federal political committee.	OK C	73012-3622	Amount of Each Receipt this Period 250.00
Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Regional Ex Aggregate Ye		
Full Name (Last, First, Middle Initial) Mr. Brian K Woodliff Mailing Address P O Box 1008	•		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tahlequah FEC ID number of contributing	State OK	Zip Code 74465-1008	Transaction ID: 17532720 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation President ar Aggregate Ye	nd Chief Executive Officer ar-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Ms. Deborah C. Joelson Mailing Address 800 Washington	Street, #451		Date of Receipt
City Boston FEC ID number of contributing federal political committee.	State MA	Zip Code 02111-1552	Transaction ID: 17533490 Amount of Each Receipt this Period 250.00
Name of Employer Tufts Medical Center	- ' '	sident, Strategic Services	3
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1000.00
TOTAL This Period (last page this line no	ımber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 126 (check only one)
Any information copied from such Reports	and Statements may	/ not be sold or used by any person	on for the purpose of soliciting contributions solicit contributions from such committee.
· · · · · · · · · · · · · · · · · · ·	ng the name and add	diess of any political committee to	Solicit contributions from Such committee.
NAME OF COMMITTEE (In Full) American Hospital Association P	AC		
Full Name (Last, First, Middle Initial) Mr. E Jerry E Jurena			Date of Receipt
Mailing Address 1622 E. Interstate Suite B			09 / 21 / Y Y Y Y Y
City	State ND	Zip Code	Transaction ID: 17533492
Bismarck FEC ID number of contributing federal political committee.	C	58503-0561	Amount of Each Receipt this Period 350.00
Name of Employer North Dakota Hospital Ass- ociation	Occupation Presiden		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker	· ·		Date of Receipt
Mailing Address 7800 South Eagle	e Road		09 18 2009
City	State	Zip Code	Transaction ID: 17533496
Columbia	MO	65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior V	n P, Commc. & Health Improv	ement
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon	I		Date of Receipt
Mailing Address 611 Belridge Driv P.O. Box 60	е		0 9 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: 17533502
Jefferson City	MO	65109-0755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer Missouri Hospital Associa- tion	- + +	President, Governmental Re	lat
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		437.50	
			456.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 126 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
Mailing Address 5119 Coventry Waye		09 / 18 / 2009
City <u>Jefferson City</u>	State Zip Code MO 65101-8284	Transaction ID: 17533506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 03101-0284	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill, J.D. Mailing Address 2906 Valley View Tel		Date of Receipt
	race	09 18 2009
City	State Zip Code	Transaction ID: 17533508
Jefferson City	MO 65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & General Cou	nse
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith		Date of Receipt
Mailing Address 5612 Tanner Bridge		09 18 2009
City Jefferson City	State Zip Code MO 65101-8275	Transaction ID: 17533509
FEC ID number of contributing federal political committee.	C 65101-8275	Amount of Each Receipt this Period 125.00
Name of Employer Missouri Hospital Associa- tion	Occupation Former President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
	_1	212.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Mark L Goldstein Mailing Address 25 Highland Avenue City Newburyport FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General Other (specify)		Zip Code 01950-3867 n nancial Officer e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City Newburyport FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General Other (specify)		Zip Code 01950-3867 n ecutive Officer e Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , FACHE Mailing Address 60 Hospital Road City Leominster FEC ID number of contributing federal political committee. Name of Employer Health Alliance Hospitals Receipt For: Primary General Other (specify)		Zip Code 01453-2205 n t and Chief Executive Officer e Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		·	1350.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Ms. Elaine L. Bridge, R.N. Malling Address 279 Willow Gate Rise City Primary General Other (specify) Plymouth FEC ID number of contributing federal political committee. City Primary General Other (specify) Plymouth Maling Address 275 Sandwich Street City Primary General Other (specify) City State Zip Code MA 01746-2441 FEC ID number of contributing federal political committee. City Primary General Other (specify) City State Zip Code Plymouth MA 02386-2183 FEC ID number of contributing federal political committee. City Primary General Other (specify) City State Zip Code Plymouth MA 02386-2183 Feceipt For: Primary General Other (specify) City State Zip Code Plymouth MA 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth MA 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth MA 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth MA 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth MA 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth A 02386-2183 Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth A 02386-2183 Amount of Each Receipt this Period Fell Name (Last, First, Middle Initial) Mr. Peter J Holdon Maling Address 275 Sandwich Street City Plymouth A 02386-2183 Amount of Each Receipt Amount of Each Re	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Second	4.	Ms. Elaine L. Bridge, R.N. Mailing Address 279 Willow Gate Rise City		·	0 9 2 2 2 2 0 0 9 Transaction ID: 17534279
Receipt For: Primary		FEC ID number of contributing federal political committee.	C		
Date of Receipt Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospitar Fec ID number of contributing General City State Zip Code MA 02360-2183 Full Name (Last, First, Middle Initial) Mr. Peter J Holden Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 Full Name (Last, First, Middle Initial) Mr. Peter J Holden Mailing Address 275 Sandwich Street City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. City State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee. State Zip Code MA 02360-2183 Fec ID number of contributing federal political committee.		Receipt For: Primary General	Sr. VP, F	Patient Care e Year-to-Date ▼	
City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital Occupation Vice President Medical Affairs	- В.	Dr Harvey Kowaloff, , M.D.			M M / D D / Y Y Y Y
Name of Employer Jordan Hospital Receipt For:		Plymouth FEC ID number of contributing	MA	•	Transaction ID: 17534294 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Date of Receipt		Name of Employer	Occupatio		
Mailing Address 275 Sandwich Street City State Zip Code Plymouth MA 02360-2183 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 9		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code MA 02360-2183 FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital Primary General Other (specify) ▼ State Zip Code MA 02360-2183 C Amount of Each Receipt this Period 350.00 Transaction ID: 17534295 Amount of Each Receipt this Period 350.00	- ک.	Mr. Peter J Holden			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00				•	Transaction ID: 17534295
Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date 350.00		FEC ID number of contributing			
Primary General Other (specify) ▼ 350.00		Name of Employer Jordan Hospital			 r
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
COSTOTAL OF TOCORDO THIS Tags (optional)		SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Joseph R. Ruggles Mailing Address 1780 Buck Creek Lane		Date of Receipt
City	State Zip Code	0 9 2 4 2 0 0 9 Transaction ID: 17539926
Springfield	OH 45502-8800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation Vice President, Member Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas G. Breitenbach		Date of Receipt
Mailing Address 250 Southview Road		09 / 24 / 2009
City	State Zip Code	Transaction ID: 17539929
<u>Dayton</u>	OH 45419-3326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Miami Valley Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Hood, MD.		Date of Receipt
Mailing Address 6845 Penridge Drive		09 24 2009
City	State Zip Code	Transaction ID: 17539992
Centerville	OH 45459-6604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Miami Valley Hospital	Occupation Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number of	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 126 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Full Name (Last, First, Middle Initial) Mr. Kenneth Hanover			Date of Receipt
Mailing Address 85 Herrick Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beverly	State MA	Zip Code 01915-1790	Transaction ID: 17540489 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01313-1730	500.00
Name of Employer Beverly Hospital	Occupatio Presiden	n t and Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mrs. Lynn M Oswald, , FACHE	I		Date of Receipt
Mailing Address 630 Eaton Avenue			09 / 24 / 2009
City Hamilton	State OH	Zip Code 45013-2767	Transaction ID: 17540554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00	250.00
Name of Employer Fort Hamilton Hospital	Occupatio Senior V	n ice President	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			4
Ms. Patricia A Ruflin Mailing Address 7007 Powers Boule	vard		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17541989
Parma FEC ID number of contributing federal political committee.	OH C	44129-5437	Amount of Each Receipt this Period 250.00
Name of Employer Parma Community General Hospital		t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona))		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James R Pancoast		Date of Receipt
Mailing Address 40 West Fourth Street	State Zip Code	09 24 2009
City Dayton	OH 45402-1840	Transaction ID: 17543031 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Premier Health Partners	Occupation President and Chief Operating Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Nina Wardrip		Date of Receipt
Mailing Address 2805 Chestnut Ridge F	Place	09 / 25 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 17545044
Louisville	KY 40245-5307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Baptist Hospital East	Occupation Lab Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr. Terry Peeples, , FACHE		Date of Receipt
Mailing Address P O Box 2400		09 / 25 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 17545046
Hopkinsville FEC ID number of contributing federal political committee.	KY 42241-2400	Amount of Each Receipt this Period
Name of Employer Jennie Stuart Medical Cen-	Occupation	_
<u>ter</u>	Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		1850.00
TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	r for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. James H Taylor, , FACHE		Date of Receipt
	Mailing Address 530 South Jackson Str City	State Zip Code	0 9 2 5 2 0 0 9 Transaction ID: 17545048
	Louisville	KY 40202-1675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer University of Louisville Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay Mailing Address 10702 Benning Way		Date of Receipt
			09 28 2009
	City	State Zip Code	Transaction ID: 17547075
	Spotsylvania FEC ID number of contributing federal political committee.	VA 22551-4670	Amount of Each Receipt this Period 350.00
	Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Communication Strategies Aggregate Year-to-Date 350.00	
_	Full Name (Last, First, Middle Initial) Mr. William D Petasnick		Date of Receipt
	Mailing Address 1848 Hidden Reserve	Court	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17547395
	Mequon FEC ID number of contributing federal political committee.	WI 53092-5566	Amount of Each Receipt this Period 1000.00
	Name of Employer Froedtert Memorial Luther- an Hospital	Occupation President and Chief Executive Officer	- - -
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Γ			2350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 126 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr. Mailing Address 150 South Fifth Stree Suite 2300 City Minneapolis	et State Zip Code MN 55402-4200	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Leonard, Street & Deinard, PA Receipt For: Primary General Other (specify) ▼	Occupation Chair, Health Law Department Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. David K Wessner Mailing Address 6500 Excelsior Boule	evard	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis Park FEC ID number of contributing federal political committee.	State Zip Code MN 55426-4702	Transaction ID: 17547404 Amount of Each Receipt this Period 500.00
Name of Employer Methodist Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Duane Francis Mailing Address 1700 East 19th Stree	et	Date of Receipt 0 9 2 8 2 0 0 9
City The Dalles FEC ID number of contributing federal political committee.	State Zip Code OR 97058-3317	Transaction ID: 17549708 Amount of Each Receipt this Period 250.00
Name of Employer Mid-Columbia Medical Cent- er Receipt For:	Occupation President	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Hospital Association	ports and Statements may not be sold or used by any person using the name and address of any political committee on PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Inition Mr Kent L. Brown Mailing Address 3894 Cherry City Medford FEC ID number of contributing federal political committee. Name of Employer Rogue Valley Medical Center Receipt For: Primary General Other (specify)	<u></u>	Date of Receipt M M C D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Inition Mr. Larry A Mullins, FACHE Mailing Address P O Box 106 City Corvallis FEC ID number of contributing federal political committee. Name of Employer Samaritan Health Services Receipt For: Primary General Other (specify)	<u></u>	Date of Receipt M M M
Full Name (Last, First, Middle Inition Ms. Robin Moody Mailing Address 4000 Kruse Variable Building 2, Since City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify)	Vay Place	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	(optional)	960.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 126 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David G Triebes Mailing Address 1046 West Sixth Aver City Albany FEC ID number of contributing federal political committee. Name of Employer Samaritan Albany General Hospital Receipt For: Primary General	State Zip Code OR 97321-1916 C Occupation Chief Executive Officer Aggregate Year-to-Date 361.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Norman F Gruber Mailing Address P O Box 14001 City Salem FEC ID number of contributing federal political committee. Name of Employer Salem Hospital Receipt For: Primary General	State Zip Code OR 97309-5014 C Occupation President and Chief Executive Office Aggregate Year-to-Date	Date of Receipt M M M C D D C 28 2009 Transaction ID: 17549715 Amount of Each Receipt this Period 304.00
Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate W City Bellevue FEC ID number of contributing federal political committee. Name of Employer PeaceHealth	State Zip Code WA 98007-6493 C Occupation	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PeaceHealth Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	President and Chief Mission Officer Aggregate Year-to-Date ▼ 750.00	1415.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 126 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. James A. Diegel Mailing Address 2500 Northeast Net	ff Road		Date of Receipt 0 9 2 8 2 0 0 9
City Bend FEC ID number of contributing federal political committee.	State OR	Zip Code 97701-6015	Transaction ID: 17549717 Amount of Each Receipt this Period 250.00
Name of Employer St. Charles Health System, Inc. Receipt For: ☐ Primary ☐ General Other (specify) ▼		t and CEO Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Elaine Dunda Mailing Address 3394 Hampton Wa	у		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eugene FEC ID number of contributing	State OR	Zip Code 97401-7085	Transaction ID: 17549718 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation Vice Pres	n sident Quality Improvement e Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Mr. David T Underriner Mailing Address 2690 Surrey Lane			Date of Receipt
City West Linn FEC ID number of contributing federal political committee.	State OR	Zip Code 97068-2268	Transaction ID: 17549719 Amount of Each Receipt this Period 500.00
Name of Employer Providence Milwaukie Hosp- ital Receipt For: Primary Other (specify) ▼		n Administrator Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ارا ا		1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 126 (check only one) X
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Hospital Association	orts and Statements may not be sold or used by any persorusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. Steve Gordon, MD Mailing Address 1209 SE 60th City Portland FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y O 9 28 2009 Transaction ID: 17549721 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial Mr. Dennis E Burke Mailing Address 610 NW 11th City Hermiston FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Good Shepherd Healthcare System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial Ms. Nancy A. Formella	President Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Mailing Address One Medical C City Lebanon FEC ID number of contributing federal political committee.	State Zip Code NH 03756-1000	Transaction ID: 17549868 Amount of Each Receipt this Period 350.00
Name of Employer Dartmouth-Hitchcock Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 350.00	
SUBTOTAL of Receipts This Page (c	ptional)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Gregory J Walker		Date of Receipt
Mailing Address 789 Central Avenue	7:0.1	09 / 28 / 2009
City Dover	State Zip Code NH 03820-2526	Transaction ID: 17549873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wentworth-Douglass Hospit- al	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Claire L Bowen	I	Date of Receipt
Mailing Address 243 Elm Street		09 28 2009
City	State Zip Code	Transaction ID: 17549874
Claremont	NH 03743-2099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Valley Regional Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Gary L Brewer		Date of Receipt
Mailing Address 1906 Blake Avenue		09 / 28 / 2009
City	State Zip Code	Transaction ID: 17549882
Glenwood Springs FEC ID number of contributing	CO 81601-4227	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Valley View Hospital	Occupation	
	Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1100.00
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 126 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Kevin L Unger, , FACHE		Date of Receipt
Mailing Address 1024 South Lemay /	Avenue State Zip Code	09 28 2009
City Fort Collins	CO 80524-3998	Transaction ID: 17549929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Poudre Valley Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael Baxter		Date of Receipt
Mailing Address 400 West 16th Stree	et	09 28 YYYY 2009
City	State Zip Code	Transaction ID: 17549930
Pueblo	CO 81003-2781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Parkview Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John Gardner		Date of Receipt
Mailing Address 1000 West 8th Aven	ue	09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yuma	State Zip Code CO 80759-2641	Transaction ID: 17549936
FEC ID number of contributing federal political committee.	CO 80759-2641	Amount of Each Receipt this Period 250.00
Name of Employer Yuma District Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Al K. Klaasmeyer Mailing Address 3731 Savannah Cir City Lincoln FEC ID number of contributing federal political committee. Name of Employer Nebraska Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NE 68516-5469 C Occupation Vice President, Subsidiaries Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Mr Eugene C Wallace Mailing Address 124 Beaumont Ave. City Newtonville FEC ID number of contributing federal political committee. Name of Employer Signature Healthcare Brockton Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02460-2330 C Occupation Interm CEO Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Peter L Gosline Mailing Address 452 Old Street Road City Peterborough FEC ID number of contributing federal political committee. Name of Employer Monadnock Community Hospital Receipt For: Primary General Other (specify)	State Zip Code NH 03458-1295 C Occupation Chief Executive Officer Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 17556906 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional) .		950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Mark J Neff, , FACHE Mailing Address 222 Medical Circle City Morehead FEC ID number of contributing federal political committee.	State Zip Code KY 40351-1179	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer St. Claire Regional Medic- al Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Ms. Karen Kirby Mailing Address 3750 Main Street #705 City	State Zip Code	Date of Receipt M M
Philadelphia FEC ID number of contributing federal political committee.	PA 19127-2100 C Occupation	Amount of Each Receipt this Period 350.00
Name of Employer Kirby Bates Associates Receipt For: Primary General Other (specify) ▼	President & CEO Aggregate Year-to-Date ▼ 350.00	Contribution
Full Name (Last, First, Middle Initial) Mr. Clark P Christianson Mailing Address P O Box 850429		Date of Receipt
City Mobile FEC ID number of contributing federal political committee.	State Zip Code AL 36685-0429	Transaction ID: 17616577 Amount of Each Receipt this Period 1000.00
Name of Employer Providence Hospital	Occupation President and Chief Executive Officer	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	>	2350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 126 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Karen Kirby Mailing Address 3750 Main Street			Date of Receipt
	#705	State	Zip Code	09 25 2009
	Philadelphia	PA	19127-2100	Transaction ID: 18237731 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer Kirby Bates Associates	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0
. –	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt
	Mailing Address 506A East Howell Aver	nue		09 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: PR1034595122913
	Alexandria FEC ID number of contributing federal political committee.	C	22301-1216	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	n e Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	<u> </u>		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		09 30 7 2009
	City	State	Zip Code	Transaction ID: PR1045726222913
	Washington FEC ID number of contributing	C	20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Association-Washingt	Occupation	n ice President & General Cou	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
\[SUBTOTAL of Receipts This Page (optional)	1		118.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 126 (check only one) X
4	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Sarah Berk		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 / 30 / 2009
	City <u>Washington</u>	State Zip Code DC 20004-2818	Transaction ID: PR1082532722913
	FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period 38.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	P/R Deduction (\$14.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N	09 30 7 2009
	City	State Zip Code	Transaction ID: PR1113464222913
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Section Director, Constituency Section	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
- :.	Full Name (Last, First, Middle Initial) Mr. Davon Gray		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	N	09 30 7 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1143013022913
	FEC ID number of contributing federal political committee.	C 20004-2816	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Legislative Assistant	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		94.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. David L. Allen		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	09 / 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1234662822913
Washington	DC 20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Media Relations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00)
Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
Mailing Address One North Franklin		09 30 7 2009
City	State Zip Code	Transaction ID: PR1260472922913
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Professional Practice, AON	N
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy		Date of Receipt
Mailing Address 1660 Lanier PL Apt. 30	9	0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1300853722913
Washington	DC 20009-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager AHAPAC Coordinate	or
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
CURTOTAL of Descipts This Desc (antional)	_	84.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 126 (check only one) X
A 0	r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield		Date of Receipt
	Mailing Address One North Franklin Str Suite 32139	reet	09 / 30 / 2009
	City	State Zip Code	Transaction ID: PR1302378922913
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 86.96
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Senior Vice President Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	695.68	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Frances S Margolin		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR1347702722913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00)
_	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703422913
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1030.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	146.96

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	or for commercial purposes, other than using the	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin	0) d	09 / 30 / 2009
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347703622913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		09 30 7 2009
	City	State Zip Code	Transaction ID: PR1347791022913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	09 30 7 2009
	City	State Zip Code	Transaction ID: PR1384065322913
	Washington FEC ID number of contributing federal political committee.	DC 20004-2802	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		146.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 73 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be name and address of	e sold or used by any person of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. <u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake			Date of Receipt
	Mailing Address One North Franklin			09 30 7 2009
	City Chicago		ip Code :0606-3436	Transaction ID: PR1492459922913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Exer	cutive Director - ASHHF to-Date ▼	
	Primary ☐ General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Monica D Day	l		Date of Receipt
	Mailing Address 10224 Prince Place #2	05		09 30 7 2009
	City		ip Code	Transaction ID: PR1516850622913
	Largo	<u>MD 2</u>	0774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		29.18
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Political Affairs	s Coordinator	1
	Receipt For:	Aggregate Year-	to-Date ▼	
	Primary		248.03	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga			Date of Receipt
	Mailing Address One North Franklin			09 30 7 2009
	City	State Z	ip Code	Transaction ID: PR1555656222913
	Chicago	IL 6	0606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.44
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Dire Aggregate Year-	cor, Constituency Secti	0
	Primary General Other (specify) ▼	1.55.154.154	243.52	P/R Deduction (\$15.22 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	l		99.62

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
<u>۸.</u>	ull Name (Last, First, Middle Initial) Mr. Clinton S. Manning			Date of Receipt
_	Mailing Address 325 Seventh Street, NV Suite 700			09 / 30 / 2009
	ity Vashington	State DC	Zip Code 20004-2802	Transaction ID: PR1555656522913 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		30.44
<u>ti</u>	lame of Employer xmerican Hospital Associa- on-Washingt		ector Advocacy & Member C	ommu
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 243.52	P/R Deduction (\$14.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) Ms. Kathy Poole			Date of Receipt
N	Mailing Address One North Franklin			09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR1589439922913
F	Chicago EC ID number of contributing ederal political committee.	C	60606-3436	Amount of Each Receipt this Period 31.82
<u>t</u> i	lame of Employer umerican Hospital Associa- on-Chicago		Governance Projects	
F	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 238.63	P/R Deduction (\$14.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) As. Linda Fishman			Date of Receipt
N	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity Vashington	State DC	Zip Code 20004-2818	Transaction ID: PR327629122913
F	EC ID number of contributing ederal political committee.	C	20004-2010	Amount of Each Receipt this Period 78.00
<u>ti</u>	lame of Employer merican Hospital Associa- on-Washingt		ce President, Public Policy	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
SUI	BTOTAL of Receipts This Page (optional)			140.26

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 75 / 126 (check only one) X
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough [Drive		09 30 2009
	City		Zip Code	Transaction ID: PR327745922913
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa-	Occupation Director Gra	ssroots Advocacy	
	tion-Washingt Receipt For:	Aggregate Yea		
	Primary General Other (specify) ▼		741.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue			Date of Receipt
	Mailing Address 122 N. Greenwood Ave	enue		09 30 2009
	City	State	Zip Code	Transaction ID: PR327771622913
	Park Ridge	IL	60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Dir	rector	7
	Receipt For:	Aggregate Yea	r-to-Date V	
	Primary General Other (specify)	0 0 0	266.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777222913
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Lon	g-Term Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional)			134.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 126 (check only one) X 11a 11b 11c 12 15 16 11
0	r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
	Mailing Address 1022 S. Harvey Avenu		09 30 2009
	City <u>Oa</u> k Park	State Zip Code IL 60304-2132	Transaction ID: PR327777822913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt
	Mailing Address 1003 Kimberly Place		09 30 7 2009
	City	State Zip Code	Transaction ID: PR327801722913
	Great Falls	VA 22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	N	09 30 2009
	City	State Zip Code DC 20004-2818	Transaction ID: PR327812022913
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE & Sr. V	i
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>	158.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 126 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis			Date of Receipt
	Mailing Address 6034 North 22nd Stre	et		09 30 2009
	City Arlington	State VA	Zip Code 22205-3408	Transaction ID: PR327831722913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	_ ' 	n Executive e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin St	treet		09 30 2009
	City	State	Zip Code	Transaction ID: PR327846222913
	Chicago FEC ID number of contributing	C	60606	Amount of Each Receipt this Period 28.00
	federal political committee.			
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Vice Pres	n sident, Meetings & Travel Se	erv
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	1		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008	٧W		0 9 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR327851922913
	Washington FEC ID number of contributing	DC	20008-2614	Amount of Each Receipt this Period
	federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	, '	n Policy Development e Year-to-Date ▼	
	Primary General Other (specify) ▼	33.534.6	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			108.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	09 / 30 / 4 2009
	City	State Zip Code	Transaction ID: PR327858022913
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
•	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327877822913
	Millis	MA 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	<u> </u>	Date of Receipt
	Mailing Address 130 North Garland Co #3002	urt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327895722913
	Chicago	IL 60602-4750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ			196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 126 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	itatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)			
	Ms. Judy Williams			Date of Receipt
			7'- 0 - 1-	09 30 2009
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR327918922913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director N	/ /lembership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		09 / 30 / 2009
	City	State	Zip Code	Transaction ID: PR328132822913
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt		and Chief Executive Office	r
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136922913
	La Grange FEC ID number of contributing federal political committee.	C	60525-6406	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice F	President, Member Relations	3
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	l		184.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 126 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
	Mailing Address One North Franklin Str		09 30 2009
	Chicago	State Zip Code IL 60606	Transaction ID: PR328174922913
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, SHSMD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		09 30 2009
	City	State Zip Code	Transaction ID: PR328223822913
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
	Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328224922913
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
ſ,	SUBTOTAL of Receipts This Page (optional)		184.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 126 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date of Receipt
Mailing Address 1093 N. Faldo Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328241422913
Eagle	ID 83616-5369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328260922913
Arlington	VA 22207-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	741.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt
Mailing Address 1221 Cavalier Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328310422913
Arnold	MD 21012-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President Strategic Com	mψn
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	741.00	P/R Deduction (\$25.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		196.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 126 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	V	09 30 7 2009
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR328341822913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2010	78.00
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Director, Political Action & Grassroot Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court		Date of Receipt
City	State Zip Code	0 9 3 0 2 0 0 9 Transaction ID: PR328511822913
Yardley	PA 19067-5736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
Mailing Address 1501 N. Harrison Stree	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328512022913
Arlington	VA 22205-2726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Association-Washingt Receipt For: Primary General	Occupation Senior Vice President, Communication Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-
Other (specify) ▼		Weekly)
SUBTOTAL of Receipts This Page (optional)		196.00
TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)		T
۱.	Mr. George Arges Mailing Address One North Franklin St.		Date of Receipt 0 9 3 0 2 0 0 9
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328641122913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.46
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Senior Director, Health Data Manage Aggregate Year-to-Date ▼ 340.89	P/R Deduction (\$22.73 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Ave) .	09 30 2009
	City	State Zip Code	Transaction ID: PR328913322913
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 88.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc.	 2&
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 704.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt
	Mailing Address One North Franklin Str	eet	09 30 2009
	City	State Zip Code	Transaction ID: PR329013422913
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		173.46

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 84 / 126 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be name and address of	sold or used by any personal any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address One North Franklin			09 / 30 / 4 2009
	City Chicago		o Code 0606-3436	Transaction ID: PR329071322913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation President & Ch Aggregate Year-to	ief Operating Officer, op-Date ▼	C P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	0 0 0	0 0 0 0 0	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		o Code	Transaction ID: PR329084422913
	Washington	DC 20	0004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associa	te Director	
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼	0 0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Bouleva	ard South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip	o Code	Transaction ID: PR329215722913
	<u>Nashville</u>	TN 37	7210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional I		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	741.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional).	1		196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ 	Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
	Mailing Address One North Franklin Str		09 / 30 / 4 7 7 7
	City	State Zip Code	Transaction ID: PR329342622913
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President & CFO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris	<u> </u>	Date of Receipt
	Mailing Address 1136 W. Farwell Ave.		09 30 7 2009
	City	State Zip Code	Transaction ID: PR329654222913
	Chicago	IL 60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		09 30 7 2009
	City	State Zip Code	Transaction ID: PR330343322913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
			96.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 126 (check only one) X 11a
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	η not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt			Date of Receipt
-	Mailing Address One North Franklin			09 30 7 2009
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR330411622913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼		e Regional Executive Year-to-Date 380.00	P/R Deduction (\$20.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron	A./		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		09 30 7 2009
	City	State	Zip Code	Transaction ID: PR330465222913
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n General Counsel Year-to-Date	
	Primary General Other (specify) ▼	Aggregate	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Cricle West	t		09 30 YYYYY 2009
	City	State	Zip Code	Transaction ID: PR330475422913
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	<u>-</u> -	Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		.	146.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 126 (check only one) X 11a
\ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			09 / 30 / 4 9 9
	City Arlington	State VA	Zip Code 22205-1609	Transaction ID: PR330534322913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Asso Aggregate Yea	ciate Director ar-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address One North Franklin			09 30 7 2009
	City	State	Zip Code	Transaction ID: PR330547722913
	Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago		ent, Strategic Planning	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address 172 Atteridge			09 30 2009
	City	State	Zip Code	Transaction ID: PR330549222913
	Lake Forest FEC ID number of contributing federal political committee.	C	60045-1715	Amount of Each Receipt this Period 94.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Preside	ent, Constituency Section	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 677.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			174.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 126 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may		13 14 15 16
or for commercial purposes, other than using	the name and ado	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAGE	С		
Full Name (Last, First, Middle Initial) Mr. Walter James Reiter			Date of Receipt
Mailing Address 6820 Deerpath Roa	ad		09 / 00 / 2009
City Elkridge	State MD	Zip Code 21075-6200	Transaction ID: PR330776122913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Maryland Hospital Associa- tion	Occupation V.P., Adv	n rocacy & Member Communi	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00)
Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.	I		Date of Receipt
Mailing Address 1101 N. Kentucky S	09 30 7 2009		
City	State	Zip Code	Transaction ID: PR331278822913
Arlington	VA	22205-3515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n State Issues Forum	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		266.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
Mailing Address 26 West Glendale	Ave.		09 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR331304222913
Alexandria	VA	22301-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	'	Advocacy and Public Policy	Ор
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	l		108.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	09 30 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR331379122913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20004-2616	28.00
	Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. Director Federal Relations & P Aggregate Year-to-Date 266.00	olic P/R Deduction (\$14.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 30 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR331386922913
	FEC ID number of contributing federal political committee.	C 20004-2616	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		09 30 2009
	City	State Zip Code	Transaction ID: PR331416022913
	Austin FEC ID number of contributing federal political committee.	TX 78761-5587	Amount of Each Receipt this Period 116.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1102.00	P/R Deduction (\$60.00 Bi-Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		172.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.	State 7in Code	09 30 2009 2009
	City Falls Church	State Zip Code VA 22046-2613	Transaction ID: PR331533222913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President, Policy Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$40.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR346168122913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.84
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.72	P/R Deduction (\$40.00 Bi- Weekly)
_ :.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 30 7 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR517619722913
	FEC ID number of contributing federal political committee.	C 20004-2016	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relati	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		195.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 126 (check only one) X
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			09 / 30 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR518031922913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2010	43.48
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼		ssociate Director Year-to-Date ▼ 347.84	P/R Deduction (\$21.74 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Laura M. Werner Mailing Address 325 Seventh Street, NV	Λ/		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	/V		09 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: PR560101522913
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 30.44
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project N		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.52	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
	Mailing Address 325 Seventh Street, NV	N		09 30 7 2009
	City	State	Zip Code	Transaction ID: PR566280922913
	Washington FEC ID number of contributing federal political committee.	C	20004-2802	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt		e Director, Federal Relations	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			113.92

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
A oı	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt
	Mailing Address 606 S. Royal St.	7. 0.4	09 30 2009
	City Alexandria	State Zip Code VA 22314-4142	Transaction ID: PR766023722913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.0	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		09 / 30 / 4 2009
	City	State Zip Code	Transaction ID: PR801366322913
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director Policy	/
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.0	0 P/R Deduction (\$14.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		09 / 30 / 4 4 4 4
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR876637222913
	FEC ID number of contributing federal political committee.	C 20004-2816	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Legislative Affai	rs
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 353.0	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional).	1	110.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LINE NUMBER: PAGE 93 / 126 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements mag	y not be sold or u dress of any polit	sed by any persoi ical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows				Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V			09 / 30 / Y Y Y Y Y
	City	State	Zip Code		Transaction ID: PR936292322913
	Washington	DC	20004-281	8	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior D	n irector of Ope	rations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date	266.00	P/R Deduction (\$14.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland				Date of Receipt
	Mailing Address One N. Franklin Street				09 / 30 / 4 7 7 7
	City	State	Zip Code		Transaction ID: PR939603922913
	Chicago	IL	60606		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executive	n e Director Qua	lity Center	
	Receipt For:	Aggregate	e Year-to-Date	,	
	Primary General Other (specify)			266.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	56.00
TOTAL This Period (last page this line number only)	<u> </u>	71105.23

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 126 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17608169
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		223.08
Name of Employer	Occupation	P	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2508.92	Interest Earned

SUBTOTAL of Receipts This Page (optional)	>	223.08
TOTAL This Period (last page this line number only)	•	223.08

SCHEDULE B (FEC Form 3)	Use separate			OR LINI heck on	E NUMBI	ER:		PA	GE 95/	126
TEMIZED DISBURSEMENTS	for each categ Detailed Sumi			21b 27	22 28a	X 23 28b	Н	24 28c	25 29	2 3
Any Information copied from such Reports and										s
r for commercial purposes, other than using t	ne name and address of	any political co	ornirnit	tee to s	Olicit con	ributions t	rom	such co	ommittee	
NAME OF COMMITTEE (In Full) American Hospital Association PAC										
·										
Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee	e				_	saction ID of Disburs	seme		159	
Mailing Address P.O. Box A					0 ^M 9	M / D	0 2	/ Y	ž 0 ŏ 9	9 ^Y
City		Code			Amo	unt of Eac	h Dis	burser	nent this	Period
Harrisonville	MO 64	1701					-		1000.00))
Purpose of Disbursement Contribution			01	1			0		1000.00	,
Candidate Name Rep. Ike Skelton			Cateo Typ	gory/						
Office Sought: X House Senate President State: MO District: 04	Disbursement For: X Primary Other (specify)	2010 General			Cont	ribution				
Full Name (Last, First, Middle Initial) Harry Mitchell For Congress						saction ID of Disburs			162	
Mailing Address PO Box 23748					0 ^M 9	M / D	0 2	/ Y	ž 0 ŏ 9	9 ^Y
City		Code			Amo	unt of Eac	h Dis	burser	nent this	Period
Tempe	AZ 85	5285							500.00	· · ·
Purpose of Disbursement Contribution			01				^		500.00	,
Candidate Name Rep. Harry Mitchell		(Cateo Typ							
Office Sought: X House Senate President State: AZ District: 05	Disbursement For: X Primary Other (specify)	2010 General			Cont	ribution				
Full Name (Last, First, Middle Initial) Matsui For Congress						saction ID			165	
Mailing Address PO Box 1738					0 ^M 9	M / D	0 2	/ Y	ž 0 ŏ 9	9 ^Y
City		Code			Amo	unt of Eac	h Dis	burser	nent this	Period
Sacramento Burnosa of Dishurasment	CA 95	5812 				-			5000.00)
Purpose of Disbursement Contribution			01	1				-	3300.00	
Candidate Name Rep. Doris Matsui			Cateo Typ	gory/						
Office Sought: X House I Senate President State: CA District: 05	Disbursement For: X Primary Other (specify)	2010 General			Cont	ribution				
SUBTOTAL of Disbursements This Page (o	otional)			<u> </u>					6500.00)
TOTAL This Period (last page this line numb	ner only)									
EGAN026	ei olliy)					EC Sched	-			

	CHEDULE B (FEC Form 3	Use separate schedule	(S) (abaak aa	E NUMBER: PAGE 96 / 126
Ш	EMIZED DISBURSEMENT		(check on	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports a for commercial purposes, other than using			
	NAME OF COMMITTEE (In Full) American Hospital Association PA		car committee to s	onet contributions from such committee
,	Full Name (Last, First, Middle Initial) Citizens For Turner			Transaction ID: 17513470 Date of Disbursement
	Mailing Address 120 W. Second S	Street, Suite 1510		
	City Dayton	State Zip Code OH 45402		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	1000.00
	Candidate Name Rep. Michael R. Turner	Dishara and Fara	Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify)	al	Contribution
	State: OH District: 03 Full Name (Last, First, Middle Initial) Levin For Congress			Transaction ID: 17513471 Date of Disbursement
	Mailing Address PO Box 37			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Roseville	State Zip Code MI 48066		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011	500.00
	Candidate Name Rep. Sander M. Levin		Category/ Type	
	Office Sought: X House Senate President State: MI District: 12	Disbursement For: 2010 Primary X General Other (specify) ▼	al	Contribution
	Full Name (Last, First, Middle Initial) Charlie Dent For Congress			Transaction ID: 17513472 Date of Disbursement
	Mailing Address PO Box 442			$\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $
	City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Perio
	7 III CITICOVIII			2000.00
	Purpose of Disbursement Contribution		011	
	Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Dent		011 Category/ Type	
	Purpose of Disbursement Contribution Candidate Name	Disbursement For: 2010 X Primary General Other (specify)	Category/ Type	Contribution

	CHEDULE B (FEC FOIII 3	' Use	separate schedule(s)		neck only	NUMBE	п.		L	PAGE	97 / 1	120
	EMIZED DISBURSEMENT	Deta	ach category of the iled Summary Page		È	21b 27	22 28a		23 28b	24 28	c	25 29	
	r Information copied from such Reports a or commercial purposes, other than using												;
_	NAME OF COMMITTEE (In Full) American Hospital Association PA		20.000 o. a., po										
	Full Name (Last, First, Middle Initial) Friends Of John Barrow									175	2924	1	
	Mailing Address PO Box 8166						Date of 0 9	M /		D /	YZ	<u> </u>) ^Y
	City	State	Zip Code				Amou	nt of	Each	Disbur	semer	nt this F	Perio
	Savannah Purpass of Disburgament	GA	31412	l					•		10	00.00	
	Purpose of Disbursement Contribution Candidate Name				01 ateg			0				.00.00	
	Rep. John Barrow			L	Тур	-							
	Office Sought: X House Senate President State: GA District: 12	Disbursement For X Primar Other					Contr	ibuti	on				
	State: GA District: 12 Full Name (Last, First, Middle Initial)						T	• •	ID	475	0004	,	
	Minnick For Congress						Date		burse				Y
	Mailing Address P O Box 288						0 9	,	1	6 /	2	Ó 0 Ó 9)
	City Meridian	State ID	Zip Code 83642				Amou	nt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement Contribution				01	1		_			15	00.00	
	Candidate Name Rep. Walter Clifford Minnick			С	ateg Typ	-							
	Office Sought: X House Senate President State: ID District: 01	Disbursement For X Primar Other					Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Crowley For Congress									175 ement	29249	9	
	Mailing Address 84-56 Grand Ave	enue					0 ^M 9	M /	^D 1	^D 6	YZ	ó 0 ŏ 9	Y
	City Elmhurst	State NY	Zip Code 11373				Amou	nt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement Contribution			Г	01	1					10	00.00	
	Candidate Name Rep. Joseph Crowley			c	ateg	ory/							
	Office Sought: X House Senate President	Disbursement For Primar Other		1	. ,,		Contr	ibuti	on				
	State: NY District: 07	(optional)										00.00	

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 98 / 126
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 (offe) 22
any Information copied from such Reports and Statemer for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	71		
Full Name (Last, First, Middle Initial) Coble For Congress			Transaction ID: 17529251 Date of Disbursement
Mailing Address PO Box 1177			0 9 M / D 1 6 Y 2 0 0 9 Y
	State Zip Code NC 27402		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Mr. John Howard Coble		Category/ Type	
President	ment For: 2010 Primary General Other (specify) ▼		Contribution
State: NC District: 06 Full Name (Last, First, Middle Initial) Andre Carson For Congress			Transaction ID: 17529254 Date of Disbursement
Mailing Address P.O. Box 1863			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code IN 46206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Andre Carson		Category/ Type	
President	ment For: 2010 Primary General Other (specify) ▼		Contribution
State: IN District: 07 Full Name (Last, First, Middle Initial)			Transaction ID: 17529256
Courtney For Congress			Date of Disbursement
Mailing Address 38 Risley Road			09
	State Zip Code CT 06066		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Joseph D. Courtney		Category/ Type	
Office Sought: X House Senate President State: CT District: 02	ment For: 2010 Primary General Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s)	FOR LINE		99 / 126
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	·	(check on 21b 27	22 X 23 24 2	25
Any Information copied from such Reports and St					
or for commercial purposes, other than using the	name and address of any politic	al com	nmittee to so	blicit contributions from such commi	ttee
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial)				Transaction ID: 17529261	
Bob Goodlatte For Congress Committee	ee			Date of Disbursement	
Mailing Address P.O. Box 292				09 16 20) 0 9 °
City Roanoke	State Zip Code VA 24002			Amount of Each Disbursement	this Period
Purpose of Disbursement	VA 24002	1		500	0.00
Contribution		П	011		
Candidate Name		_	ategory/		
Rep. Robert W. Goodlatte			Туре		
	ursement For: 2010	•		Contribution	
Senate	X Primary General				
President State: VA District: 06	Other (specify)				
Full Name (Last, First, Middle Initial)					
Our Congress PAC				Transaction ID: 17532754 Date of Disbursement	
Our Ourgross 1710					Y Y
Mailing Address PO Box 344				0 9 0 9 20	9 0 9
City	State Zip Code AR 71857			Amount of Each Disbursement	this Period
Prescott Purpose of Disbursement	AR 71857	1_		150	0.00
2009 Contribution			011		
Candidate Name		_	ategory/		
Our Congress PAC			Type		
Office Sought: House Disb	ursement For:			2009 Contribution	
Senate	Primary General			2000 Continuation	
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) Committee for a Democratic Future				Transaction ID: 17532755 Date of Disbursement	
Mailing Address 1625 K Street, NW Suite 790				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	9 0 9
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r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Capuano For Congress Committee Mailing Address PO Box 440305 City State Zip Code MA 02144 Purpose of Disbursement Contribution Contribution Condidate Name Rep. Michael E. Capuano Office Sought: X House State Xip Primary General President State: MA District: 08 Full Name (Last, First, Middle Initial) Donna Christensen Campaign Mailing Address PO Box 5197 City State Zip Code (Contribution Contribution) Cardidate Name (Last, First, Middle Initial) Donna Christensen Campaign Mailing Address PO Box 5197 City State Zip Code VI 00823 Purpose of Disbursement Contribution Contribution Candidate Name Rep. Donna M. Christensen Office Sought: X House President State: VI District: 01 Full Name (Last, First, Middle Initial) District: 01 Full Name (Last, First, Middle Initial) District: 01 Full Name (Last, First, Middle Initial) Contribution		Detailed Summary Page	27	28a 28b 28c 29
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Full Name (Last, First, Middle Initial) Bennet For Colorado				Transaction ID: 17583982 Date of Disbursement
Mailing Address PO Box 3078				$ \begin{array}{c c} & 0 & 9 & 7 \\ \hline & 0 & 9 & 7 \end{array} $
City Denver	State Zip Code CO 80201			Amount of Each Disbursement this Period
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Candidate Name Sen. Michael F. Bennet				
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	ement For: 2012 Primary General		2012 Contribution	
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SCHEDULE B (FEC Form 3X)

Senate

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FOR LINE NUMBER: PAGE 125 / 126 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 17608168 Merchant Bankcard Date of Disbursement 0 4 0 9 2009 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 14.72 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 17608170 Citibank, F.S.B. Date of Disbursement 18 0 9 2009 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 51.16 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	>	65.88
TOTAL This Period (last page this line number only)		196.11

Primary

Other (specify)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE	NUMBER: PAGE 126 / 126
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check onl 21b 27	y one) 22 23 24 25 26 X 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 17616585
Ms. Karen Kirby		Date of Disbursement
Mailing Address 3750 Main Street #705		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
,	State Zip Code PA 19127-2100	Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional)	•	350.00
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